



BIOLOGICAL HAZARD



REPORTED



ENGAGED



NO

DCST-026-BIO-01



SOUNDS OF DAMAGE  
N/A

N/A

FLAGS TO DISPLAY

REPORTED

ENGAGED

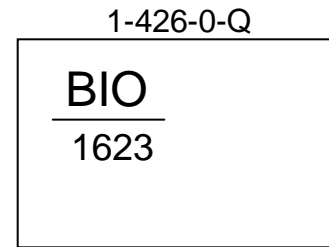
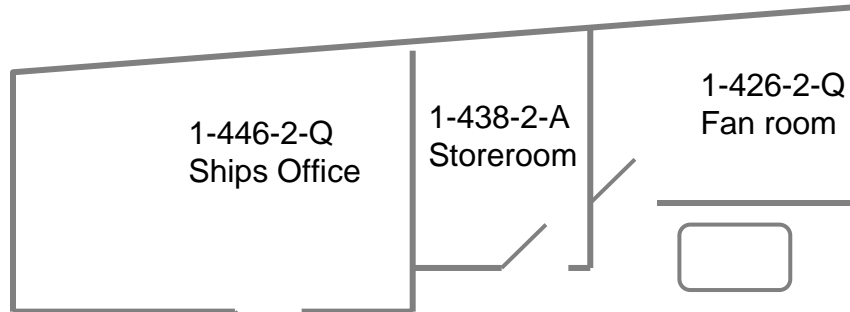
NO

<b>BIO</b>	TIME <u>1623</u> NUMBER <u>1</u>			
	FROM _____ TO _____			
	<input checked="" type="checkbox"/> <u>FM - INV - SL</u>			
	<u>DCRS 2</u>			
	<u>DCRS 3</u>			
	<u>DCRS 5</u> <input checked="" type="checkbox"/>			
	<u>DCC</u>			
COMPT. #/NAME <u>1-426-0-Q</u>				
FRAME _____				
REMARKS:				
	BOUNDARIES <table border="1"><tr><td>S</td><td>P</td><td>P</td><td>S</td></tr></table>	S	P	P
S	P	P	S	
FB - SB - FLB - CB				

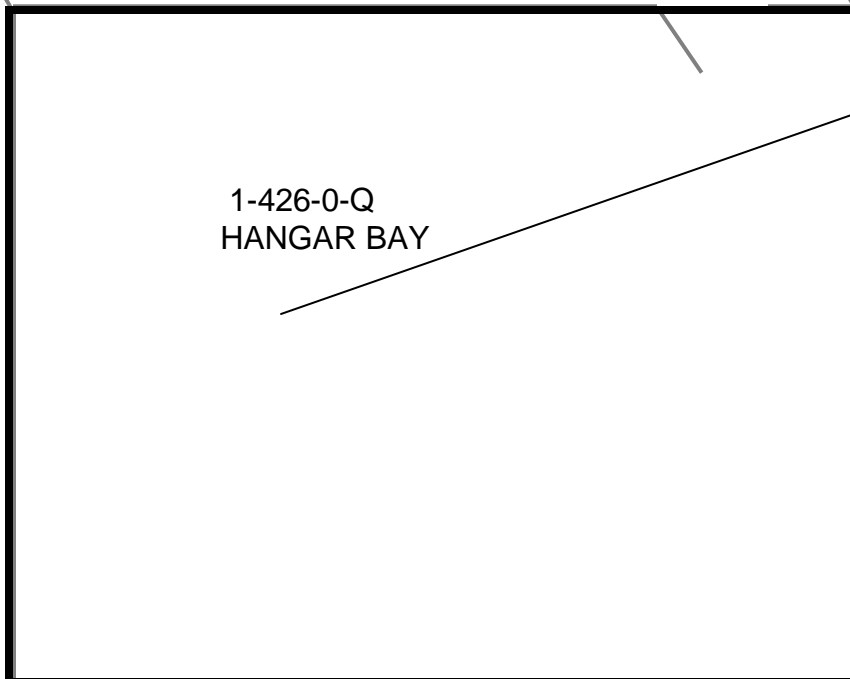
	TIME <u>1625</u> NUMBER <u>1</u>			
	FROM _____ TO _____			
	<input checked="" type="checkbox"/> <u>FM - INV - SL</u>			
	<u>DCRS 2</u>			
	<u>DCRS 3</u>			
	<u>DCRS 5</u> <input checked="" type="checkbox"/>			
	<u>DCC</u>			
COMPT. #/NAME <u>1-426-0-Q</u>				
FRAME _____				
REMARKS:				
	BOUNDARIES <table border="1"><tr><td>S</td><td>P</td><td>P</td><td>S</td></tr></table>	S	P	P
S	P	P	S	
FB - SB - FLB - CB				

	TIME <u>1639</u> NUMBER <u>2</u>			
	FROM _____ TO _____			
	<input checked="" type="checkbox"/> <u>FM - INV - SL</u>			
	<u>DCRS 2</u>			
	<u>DCRS 3</u>			
	<u>DCRS 5</u> <input checked="" type="checkbox"/>			
	<u>DCC</u>			
COMPT. #/NAME <u>1-426-0-Q</u>				
FRAME _____				
REMARKS:				
	BOUNDARIES <table border="1"><tr><td>S</td><td>P</td><td>P</td><td>S</td></tr></table>	S	P	P
S	P	P	S	
FB - SB - FLB - CB				

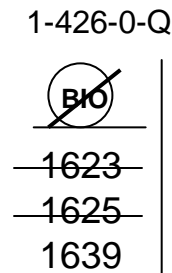
# Three different examples of manual plotting



Box



Line



Column

REPORTED

TIME 1623 NUMBER 1

FROM TO

X FM-INT-SC

DCRS 2

DCRS 3

DCRS 5 X

DCS

COMPT. #NAME 1-426-0-Q

FRAME

REMARKS:

OVRD

PORT

AFT →

DECK

← FWD

← STBD

BOUNDARIES

FB - SB - FLB - CB

S P P S

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TIME 1625 NUMBER 1

FROM TO

X FM-INT-SC

DCRS 2

DCRS 3

DCRS 5 X

DCS

COMPT. #NAME 1-426-0-Q

FRAME

REMARKS:

OVRD

PORT

AFT →

DECK

← FWD

← STBD

BOUNDARIES

FB - SB - FLB - CB

S P P S

NO

TIME 1639 NUMBER 2

FROM TO

X FM-INT-SC

DCRS 2

DCRS 3

DCRS 5 X

DCS

COMPT. #NAME 1-426-0-Q

FRAME

REMARKS:

OVRD

PORT

AFT →

DECK

← FWD

← STBD

BOUNDARIES

FB - SB - FLB - CB

S P P S

## BIOLOGICAL HAZARD

# CASUALTY ACTIONS AT SCENE



REPORTED

**SIZE IT UP**  
Casualty initial reports, assessment, evaluation and information.  
What do I have

Reported (Size It Up)
STEPS
Space Name, Number, Accessible
Location within space, (frame number, deck, overhead, bulkhead) Chit
Indications, smells, sight, Equipment required
Assistance required (medical, outside)
Warning remain in contamination control area, use voice comms only.
Report any personnel found in the area



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**FIGHT IT**  
Casualty engagement  
What am I doing to make progress

Engaged (Fight It)
STEPS
Isolate area (ventilation, structural isolation, close hatches and doors)
Rope off suspected contaminated area, hang Bio hazard signs, establish primary box
Secure access, hang Bio hazard signs, consider buffer zone, establish secondary box
Secure and tag ventilation, investigate for contamination spread outside secondary box
Conduct sampling IAW CBR doctrine
Track personnel, equipment, Establish and maintain CCA/DECON
Coordinate to exist box



NO

**MONITOR IT**  
The fight is complete,  
No further spread, Clean it up

No (Monitor It)
STEPS
Maintain the isolation of the containment area
Debrief